

10/7/88 SHIPPER#19029

Department of Health Services
Toxic Substances Control Division
Sacramento, California

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address N B C 3000 W. ALAMEDA AVENUE, BUREBANK, CA 91503		CAD 091 424 333		A. State Manifest Document Number 87119237	
4. Generator's Phone (818 840-3285 ex-3828		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		CAD 042 245 001		C. State Transporter's ID 904878	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-0991	
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD. WHITTIER, CA 90602		10. US EPA ID Number CAD 042 245 001		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAD 042 245 001	
				H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and J Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID N.O.S TOXIC LIQUID NA 9189 (WASTE WATER 35% SODIUM BICHROMATE)		005	DM	010621415	G
b. HAZARDOUS WASTE LIQUID N.O.S. NA 9189 FREON R-11		01017	DM	01141010	P
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. 01 b. 01			
		c. d.			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name MARJORIE QUICK		Signature MARJORIE QUICK		Month Day Year 10/1/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name JAVIER HERNANDEZ		Signature JAVIER HERNANDEZ	
		Signature JAVIER HERNANDEZ		Month Day Year 10/1/88	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name FRANK FORD		Signature FRANK FORD		Month Day Year 10/1/88	